

**INSTRUCTIONS**

1. Complete all of the information below.
2. SIGN THE REQUEST.
3. Submit the completed Request Form
  - a. Email to: [Registrar@suu.edu](mailto:Registrar@suu.edu) OR
  - b. Fax to: 1.435.865.8470; OR
  - c. Mail to: Southern Utah University  
Registrar's Office  
351 W University Blvd  
Cedar City UT 84720

*Please note that we are unable to provide a verification until all institutional holds have been cleared and the appropriate fees received.*

Office Stamp

**STUDENT INFORMATION**

Name: \_\_\_\_\_ T-Number: \_\_\_\_\_  
Last First MI (or SSN if you do not know your Student ID#)

Previous Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_  
MM/DD/YYYY

Daytime Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION TYPE**

<input type="checkbox"/> Enrollment Verification <input type="checkbox"/> Semester _____ <input type="checkbox"/> Include grad date _____ <input type="checkbox"/> Include GPA _____	<input type="checkbox"/> Grade Report <input type="checkbox"/> Semester _____ <input type="checkbox"/> Include grad date _____
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**RECIPIENT INFORMATION**

Send to  
 Name/Office: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax to: ( ) \_\_\_\_\_